

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 24 1957

State File No. 44197

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 141		PRIMARY REG. DIST. NO. 3025		Registrar's No. 51	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY OR TOWN <u>West Plains</u>		c. LENGTH OF STAY (in this place) <u>20 years</u>		c. CITY OR TOWN <u>West Plains</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>				e. STREET ADDRESS (If usual, give location) <u>12-15-57-</u> 0440			
3. NAME OF DECEASED (Type or Print) <u>Laurel Frances Pentecost</u>		a. (First)		b. (Middle)		c. (Last)	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>7-4-1874</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Newsenwr</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and State or Foreign Country) <u>West Co., Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wm. Breedlove</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Wright</u>		14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J.A. Pentecost, West Plains, Mo.</u>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CEREBRAL ARTERIO-SCLEROSIS</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1. HYPERTENSION, ESSENTIAL</u> <u>2. HYPERTENSIVE CARDIOVASCULOSIS</u> <u>3. ARTERIO-SCLEROSIS</u> <u>4. RECENT INFLUENZA</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		331X		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>6-2-1953</u> to <u>12-18-1957</u> , that I last saw the deceased alive on <u>12-14-1957</u> , and that death occurred at <u>3:35 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Jack N. Wilson, M.D.</u>		(Degree or title)		23b. ADDRESS <u>West Plains, Mo.</u>		23c. DATE SIGNED <u>12-18-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-18-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blue Mound</u>		24d. LOCATION (City, town, or county) (State) <u>West Plains, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-30-57</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u>		ADDRESS <u>West Plains, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

DEC 30 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3132

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.